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Account Number : 120120000042 : (941)685-0955 Phone Fax Number : (866)473-8571

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONNECTED POOLS, LLC

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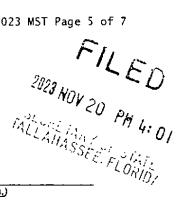
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TO: Registration Sect Division of Corpo			
SUBJECT: CONNECTE	ED POOLS, LLC		
		nted Lishility Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	GILBERTO MENDONO	A PONTES Name of Person	
	CONNECTED POOLS.	**************************************	
		Firm/Company	
	2201 W SAMPLE RD B	LDG 9 STE 7B	
		Address	·····
	CORAL GABLES, FL 3	3134	
	OOTOL OABLES, TES	City/State and Zip Code	
	GMPONTES@HOTMAIL	COM	
		to be used for future annual report not	ification)
For further information cou	ncerning this matter, please c	all:	
ROBIN OCONNOR		at (941) 706-2336	
Name of E	erson		ne Telephone Number
Enclosed is a check for the	following amount:		
¥ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailine Address:</u> Registration Se	ction	Street Address: Registration Sc	
Division of Cor	porations	Division of Cor	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of T 2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

From License Exam Services LLC 1.866.473.0571 Mon Nov 20 11:14:11 2023 MST Page 5 of 7

(((()))) TO ARTICLES OF ORGANIZATION OF



CONNECTED POOLS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	,,		
The Articles of Organization for this Limited Liability	Company were filed on 10/2	20/2020	and assigned
Florida document numberL20000332885	······································		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here	;	
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the design	mation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
WALLER WALLESS MAY BE A FUST OFFICE BUX)	•		
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:			the new registered
	Enter Florida street address		
	City	, Florida	in Cula
New Registered Agent's Signature, if changing Registere	•	2	ip Code
		anita I familian anna i	on an arrange of the state of
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete performance of my agent as provided for in Cha ed office address, I hereby c	duties, and I am family pter 605, F.S. Or, if th	liar with and is document is

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If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized Person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AP	GILBERTO MENDONCA PONTES	817 LISBON ST	₩Add
		CORAL GABLES, FL 33134	□Remove
			DOMBGE TO THE SECOND TO THE SE
	·		DAdd
			_
			□Remove
			Ci Change
			© Add
			GRemove
			☐ Change
			
			□ Remove
			ClChange

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it amending any other information, enter change(s) here: (Attach addition	nal sheets, if necessary.)
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	TENTO PA U. O.
	700
	7.
	7
	j
	······································
Tective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing or more	than 90 days after filing.) Pursuant to 605 0207 (3 VE)
ote: If the date inserted in this block does not meet the applicable statutory filing to secure out to effective date on the Department of State's records.	equirements, this date will not be listed as the
cancer s the are the the Department of State 5 records.	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on is filed.	the earlier of: (b) The 90th day after the
is tited.	
and movember, 20th 2023	
and movember, 20th, 2023	
Signature of a member or authorized representative of	a niember
GILBERTO MENDONCA PONTES	
Typed or printed name of signee	